

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014071

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1046

STATE FILE NUMBER

FILED APR 11 1963

PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richmond Heights

Length of stay in 1b
3 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Mary's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Richmond Heights

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1504 Bredell

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Edgar Middle F. Last Boulware

4. DATE OF DEATH
Month Mar. Day 26th Year 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3-5-1892

9. AGE (last birthday)
71

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Meat Packing

10b. KIND OF BUSINESS OR INDUSTRY
Wholesale

11. BIRTHPLACE (City and state or country)
Cooper Co. Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Flem Boulware

13b. MOTHER'S MAIDEN NAME

Eva (Unknown)

14. NAME OF HUSBAND, OR WIFE

Bessie Boulware

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war, or dates of serv)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Harold Boulware, 995 Keaven Lane, Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH
1 WEEK

DUE TO (b)

DEBILITATION

DUE TO (c)

CARCINOMA - PROSTATE

4 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 1959 to MARCH 63 and last saw her alive on 25 MARCH 63
Death occurred at 4 AM - 26 MARCH 63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
3-28-1963

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park

23d. LOCATION (City, town, or county)
St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.

3-26-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. A. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.